# County of San Bernardino

**F A S**

**CONTRACT TRANSMITTAL**

| | | | |
|---|---|---|---|
| X New / Change / Cancel | Vendor Code | Dept. **SC** **A** | Contract Number |

| County Department | Dept. | Orgn. | Contractor's License No. |
|---|---|---|---|
| Preschool Services Department | | | |

| County Department Contract Representative | Telephone | Total Contract Amount |
|---|---|---|
| Margie Donahue | (909) 387-2444 | Non-financial |

**Contract Type**

☐ Revenue  ☐ Encumbered  ☐ Unencumbered  ☒ Other:

If not encumbered or revenue contract type, provide reason: Non-financial _____

| Commodity Code | Contract Start Date | Contract End Date | Original Amount | Amendment Amount |
|---|---|---|---|---|

| Fund | Dept. | Organization | Appr. | Obj/Rev Source | GRC/PROJ/JOB No. | Amount |
|---|---|---|---|---|---|---|
| Fund | Dept. | Organization | Appr. | Obj/Rev Source | GRC/PROJ/JOB No. | Amount |
| Fund | Dept. | Organization | Appr. | Obj/Rev Source | GRC/PROJ/JOB No. | Amount |

| Project Name | Estimated Payment Total by Fiscal Year | | | | | |
|---|---|---|---|---|---|---|
| Dietetic Intern - California State Polytechnic University, Pomona | FY | Amount | I/D | FY | Amount | I/D |
| | ___ | ___ | ___ | ___ | ___ | ___ |
| | ___ | ___ | ___ | ___ | ___ | ___ |
| | ___ | ___ | ___ | ___ | ___ | ___ |

CONTRACTOR      California State Polytechnic University, Pomona

Federal ID No. or Social Security No.

Contractor's Representative   Debra Schneck

Address  3801 West Temple Avenue, Pomona, CA 91768          Phone   (909) 869-3383

Nature of Contract:

## IT IS HEREBY AGREED AS FOLLOWS:

Approve contract between California State Polytechnic University, Pomona, Dietetic Internship Program and Preschool Services Department (PSD) for Off-Campus Dietetic Internship clinical experience. Students enrolled in the Internship Program at the University will have the opportunity to gain valuable work experience by working closely with PSD Nutrition Staff. This contract is effective July 1, 2003 through June 30, 2006.

This is a non-financial contract.

THIS IS NOT A CONTRACT
THIS IS A COVER TRANSMITTAL ONLY

| Approved as to Legal Form (sign in blue ink) | Reviewed as to Contract Compliance | Presented to BOS for Signature |
|---|---|---|
| ► | ► | ► |
| Julie J. Surber, County Counsel | Lori Ciabattini, HSS Contracts Unit | Roberta York, Director |

Date _____   Date _____   Date _____